								,					
•	,					011 0500			pplication	or D	ock t Num	ber	
	PAIENT	APPLICATIO Effect	tive Octob			UN HECO	HL		5113	50-	-287		
CLAIMS AS FILED (Colum								SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS			65		******			FATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			(1) minus 20=		• 45			X\$ 9=		OR	X\$18=	810	
INDEPENDENT CLAIMS			17 mi	7 minus 3 =		· 4		X40=			****		
MULTIPLE DEPENDENT CLAIM PI			RÉSENT		 /					OR	8.1	320	
	41.41.							+135=		OR	+270=	4	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2		TOTAL		OR	TOTAL	INGO	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENOMENTA		CLAIMS REMAINING AFTER AMENDMENT		NUM	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 32	Minus	6	5	<u> </u>	٠	X\$ 9=	•	OR	X\$18=		
	Independent.	•5	Minus	•••)	= ~		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									UH			
			•	·	•			+135=		OR	+270=		
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375		(Column 1)		(Colui		(Column 3)							
NOMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	•	Minus	**		=		X\$ 9=		OR	'X\$18=		
ME	Independent	•	Minus	999		-		X40=		OR	X80=		
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								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS		(Colur		(Column 3)	۱ ـ						
S F		REMAINING AFTER		HIGH NUM PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	

		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
9	Total	•	Minus	**	=					
ME	Independent	•	Minus	•••	=					
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE

OR ADDIT.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FEE

<u>FEE</u>